

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	2	Application Number	10/825,786
		Filing Date	April 16, 2004
		First Named Inventor	Russell A. Houser
		Art Unit	unassigned
		Examiner Name	unassigned
		Attorney Docket Number	036624-009

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Revocation of Attorney and POA, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Change of attorney docket
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Thelen Reid & Priest LLP		
Signature			
Printed Name	Robert E. Krebs		
Date	March 9, 2005	Reg. No.	25,885

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Monica Pizarro	Date	March 9, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Docket No.: 036624-009

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Russell A. Houser et al.
SERIAL NO.: 10/825,786
FILING DATE: April 16, 2004
TITLE: Method and Devices for Treating Ischemic Congestive Heart Failure
EXAMINER: unassigned
ART UNIT: 3731

CERTIFICATE OF MAILING

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CHANGE OF ATTORNEY DOCKET NUMBER

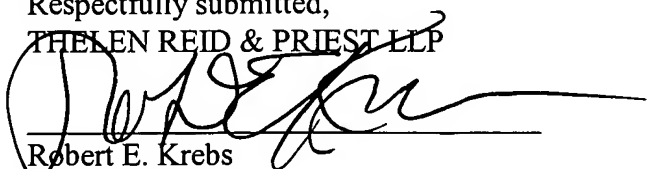
Please change the Attorney Docket No. for this patent application to:

036624-009

Please amend the appropriate records to reflect this Attorney Docket Number.

Dated: March 9, 2005

Respectfully submitted,
THELEN REID & PRIEST LLP


Robert E. Krebs
Reg. No. 25,885